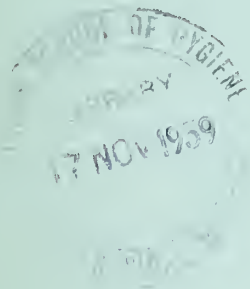


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CAMBRIDGESHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1958

P. A. TYSER, M.D., D.P.H.  
County Medical Officer of Health

128



CAMBRIDGESHIRE COUNTY COUNCIL

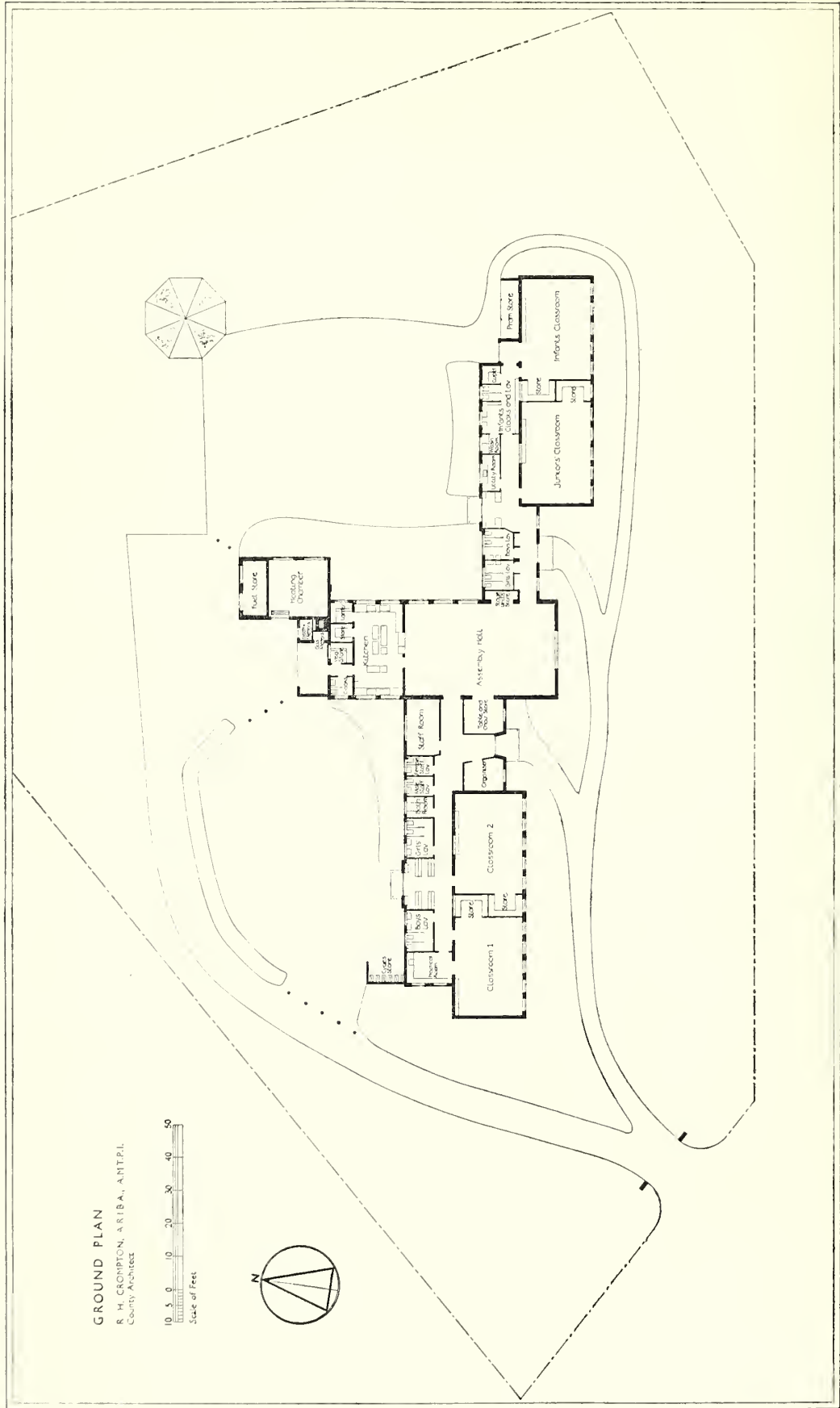
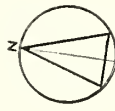


ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER OF HEALTH  
FOR THE YEAR  
1958

P. A. TYSER, M.D., D.P.H.  
County Medical Officer of Health

# GROUND PLAN

R. H. CROFTON, A.R.B.A., A.M.P.L.  
County Architect



GROUND PLAN OF NEW OCCUPATION CENTRE, COLDHAM'S LANE, CAMBRIDGE

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## GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area .. .. .	315,168 acres
Rateable value .. .. .	£2,648,174
Mid-year population (Registrar General's estimate) .. .. .	183,200
Census population 1951 .. .. .	166,887
Birth rate .. .. .	15.8
(corrected) .. .. .	16.7
Death rate .. .. .	10.8
(corrected) .. .. .	9.8
Infant mortality rate .. .. .	18.3

## HEALTH COMMITTEE

as at 31st December, 1958

*Chairman:* Councillor H. R. Mallett, O.B.E.

Alderman S. T. Bull	Councillor P. F. Dennard, O.B.E.
„ F. Bunnett	„ D. Greaves
„ M. Carter	„ H. Hartley
„ L. M. H. Clark, O.B.E.	„ E. Hepher
„ E. G. G. Frost, C.B.E., M.A.	„ G. M. Macfarlane-Grieve
„ E. W. Parsons	„ D. M. Nichols
Councillor A. B. Amey	„ C. H. Stockbridge
„ M. C. Burkitt	„ C. Webb
„ R. J. Davies	„ W. Whitehead
Chairman of the City Maternity and Child Welfare Sub-Committee	
	(City Alderman H. R. Mallett, O.B.E.)
Vice-Chairman of the City Maternity and Child Welfare Sub-Committee	
	(City Councillor A. Kedge)
Nominated by the Cambridgeshire Local Medical Committee	
	Dr. A. Brown
	Dr. D. Cameron
Nominated by the Royal College of Nursing	
	Miss D. K. Bell

## CITY MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Appointed by the City Council	<i>Chairman:</i> Alderman H. R. Mallett, O.B.E.
	<i>Vice-Chairman:</i> Councillor A. Kedge
	„ F. Bailey
	„ G. Y. Burn
	„ J. Curly
	„ E. A. Gill
	„ M. E. Henn
	„ M. V. Morse
	„ R. F. Reilly
Appointed by County Health Committee	Alderman M. Carter
	Councillor A. B. Amey
	„ E. Hepher
Co-opted members	Mrs. D. Greaves
	Mrs. D. R. Lockyer
	Dr. M. G. P. Reed

## MENTAL HEALTH SUB-COMMITTEE

*Chairman:* Alderman L. M. H. Clark, O.B.E.

Alderman	S. T. Bull	Councillor	D. Greaves
„	F. Bunnett	„	E. Hepher
„	M. Carter	„	G. M. Macfarlane-Grieve
„	E. G. G. Frost, C.B.E., M.A.	„	H. R. Mallett, O.B.E.
„	E. W. Parsons	„	D. M. Nicholls
Councillor	A. B. Amey	„	E. Whitehead
„	P. F. Dennard, O.B.E.	„	Dr. D. Cameron

*Co-opted members:* Lady Adrian  
Mrs. E. Blackman  
Mrs. E. Rawdon Briggs  
Mr. J. A. Day  
Mrs. R. Rootham

## HOME HELP SERVICE SUB-COMMITTEE

*Chairman:* Councillor H. R. Mallett, O.B.E.

Alderman	M. Carter	Councillor	E. Hepher
„	L. M. H. Clark, O.B.E.	„	E. Whitehead
Appointed by the City Council		Alderman	H. R. Mallett, O.B.E.
		Councillor	F. Bailey
		„	G. Y. Burn
		„	M. V. Morse

## STAFF

*County Medical Officer of Health:* R. FRENCH, M.D., D.P.H.

*Deputy County Medical Officer of Health:* P. A. TYSER, M.D., B.S., D.P.H.

*Principal Dental Officer:* J. R. TOLLER, M.Sc.D. Northwestern U., U.S.A., L.D.S.

*County Nursing Officer:* MRS. S. MEE, S.R.N., S.C.M., H.V.Cert.

*Duly Authorised Officers:* M. BOWYER.  
H. BARRETT (part time).

*Home Help Organiser:* MISS O. B. GREENSLADE.

*Home Teachers:* MISS R. PEEL  
MRS. M. SIER  
E. WILKINSON.

*Chief Clerk:* H. J. SADLER.

A voluntary scheme of delegation with regard to Maternity and Child Welfare services exists in the City of Cambridge.

*Medical Officer of Health for the City of Cambridge:* C. G. EASTWOOD, M.D., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

*Medical Officers for Maternity and Child Welfare:* M. C. K. PATTERSON, M.B., Ch.B., D.P.H., D.O.  
I. M. S. NICHOLLS, M.B., Ch.B., D.P.H.



To the Chairman and Members  
of the  
Cambridgeshire County Council

Ladies and Gentlemen,

The following report on the Health of the Administrative County is prepared in accordance with Ministry of Health Circular 22/58 dated 9th December, 1958.

Dr. R. French retired on 6th March, 1959, after 24 years service with the Council. Owing to the fact that the vital statistics for the County were not available at that time it falls to me to be author of this report. I would like first to take the opportunity of placing my thanks to Dr. French for having made so easy the handing over of his offices. Having had the privilege of working for nearly eight years as his deputy it is my pleasure to record also the good wishes his many friends in the Council and on the staff send him for a long and enjoyable retirement.

One most notable feature during 1958 was the passing of the Local Government Act 1958 which had three main purposes, (a) certain financial provisions which are not within the competence of this report, (b) enabling authorities with populations of 60,000 persons or more to seek delegation of certain health and welfare functions and (c) the setting up of Commissions to examine the possible reorganisation of local government areas in England and Wales.

Towards the close of the year the Government published the Mental Health Bill which follows fairly closely upon the recommendations of the Royal Commission on the Law Relating to Mental Illness and, therefore, when enacted, will greatly alter the present pattern of mental health services; these will be welcome changes but their speed of fruition must depend largely upon the availability of finance.

In June the Council's new Occupation Centre opened and in October an official opening ceremony was performed by Lt. Col. Sir Herbert Shiner, D.S.O., M.C., D.L., Chairman of the Executive Council of the County Councils' Association. This building is a notable and welcome addition to the Council's services and provides for the training of the mentally handicapped in a pleasant modern one storey building, a line drawing of which appears as a frontispiece to this report. I wish to record my gratitude to all who have played a part in the development and construction of this Centre.

Turning now to certain aspects of the state of the public health it will be noted that the population of the area continues to increase except in the Newmarket rural district where the apparent fall in population this year is due to an adjustment which should have taken place when the Polish Camp and School at Bottisham was disbanded in 1952. The birth rate at 15.8 per thousand has again shown an increase, the death rate is about the same as last year at 10.8 per thousand population. It is interesting to note that the birth rate in the South Cambridgeshire rural district is often the highest in the County and that in the City the lowest.

The infant mortality rate at 18.3 per thousand live births is a fraction lower than last year; there has been a pronounced fall in the City from 19.9 last year to 14.4 this year and a rise in the rural areas from 17.4 to 21.0. Even more interesting features are revealed when the legitimate and illegitimate infant mortality rates are compared, when it is seen that the illegitimate rate at 38.8 per thousand live births is more than twice the legitimate rate at 17.0. This difference is well recognised. Comparison of the district figures are to my mind not satisfactory as very small figures are being manipulated. The neonatal death rates (deaths in the first four weeks of life) for the City and Rural areas are 11.3 and 14.7 per thousand live births respectively, the overall County rate being 13.1.

During the year there was an outbreak of poliomyelitis in the City. Both City and Rural areas experienced outbreaks of measles. Amongst the food borne infections of bowel origin the incidence of dysentery and food poisoning illnesses was much the same in both areas. Further details concerning infectious diseases will be found in the annual reports of the district medical officers.

Although the number of deaths due to all forms of cancer has not altered much in the last three years it should be remarked that the number of deaths due to cancer of the lung and bronchus has



risen from 58 last year to 84 this year. This conforms with the national pattern of increase of about 1,000 deaths a year; in 1957 20,000 people in England and Wales died of this disease, mostly men in the middle of their lives. One is left to wonder how great the problem must become before the public is prepared to take the matter as seriously as they do the 5,000 road deaths per year in England and Wales.

The many aspects of the Council's health services are dealt with in the various sections of the report.

I would like to acknowledge the assistance given me by the staff of the department in the compilation of this report.

I am,

Your obedient Servant,

P. A. TYSER,

*County Medical Officer of Health.*

June, 1959

## GENERAL INFORMATION AND VITAL STATISTICS

The area of the Administrative County comprises 315,168 acres. There is no county borough in the area. The mid-year population was divided as to 92,500 persons in the City and 90,700 persons in the rural areas; of the former figure some 7,000 is represented by the undergraduate population. The City is the natural centre of the area and there are no other centres of population of any size in the rural area, the parish of Soham in the North East with a population of approximately 5,000 being the largest.

There is no heavy industry in the area and the main industry is agriculture. Public transport is orientated toward the City and inter-village communication by this means is not at all times possible. These matters need to be borne in mind in considering the health services in the area.

Mains water is available throughout the area except for certain parishes in the South Cambridgeshire rural district where the final stages of a comprehensive scheme are in the process of completion. The City's sewerage scheme receives some sewage from schemes in villages on its boundaries. A number of other villages in the rural areas have sewerage schemes and there are others in preparation.

The district councils have built a prodigious number of houses since 1945. The provision by the Chesterton Rural District Council of special bungalow accommodation for old people, with a Warden, integrated with a housing estate at Histon has pioneered this form of provision in the area; further schemes are expected in the near future in the Newmarket and South Cambridgeshire rural districts.

The following tables (1 to 12) illustrate the main vital statistics relating to the County as a whole and its constituent districts.

**TABLE 1**  
**POPULATION**

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1951	175,000	89,511	85,490	39,060	20,220	26,210
1952	176,300	90,740	85,560	39,370	20,120	26,070
1953	177,100	90,910	86,190	39,450	20,110	26,630
1954	179,700	91,460	88,240	40,290	20,180	27,770
1955	179,800	91,140	88,660	40,490	20,190	27,980
1956	181,100	91,780	89,320	41,150	20,190	27,980
1957	182,200	91,980	90,220	41,850	20,230	28,140
1958	183,200	92,500	90,700	42,450	19,790	28,460

**TABLE 2**  
**BIRTH RATES PER THOUSAND POPULATION**

England and Wales 1958=16.4

County 5 year average (1951-55)=14.6

	County			City			Rural Area Aggregate			Chesterton			Newmarket			South Cambridgeshire		
	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor	No.	Rate	Com-parability factor
1957	2,809	15.4	1.06	1,257	13.7	1.03	1,552	17.2	1.10	739	17.7	1.10	306	15.1	1.09	507	18.0	1.12
1958	2,892	15.8	1.06	1,324	14.3	1.03	1,568	17.3	1.08	746	17.6	1.06	309	15.6	1.09	513	18.0	1.12

**TABLE 3**  
**DEATH RATES PER THOUSAND POPULATION**

England and Wales 1958=11.7

County 5 year average (1951-55)=10.8

Year	County			City			Rural Area Aggregate		
	No.	Rate	Compara- bility Factor	No.	Rate	Compara- bility Factor	No.	Rate	Compara- bility Factor
1957	1,952	10.7	0.89	960	10.4	0.96	992	11.0	0.83
1958	1,984	10.8	0.91	974	10.5	1.00	1,010	11.1	0.84

N.B.—Area Comparability Factors. In order to compare the statistics of birth and death rates in the county and county districts with the birth and mortality rates for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the different populations. This is done by applying to the crude birth rate and crude death rate of the districts concerned "Area Comparability Factors" which have been estimated by the Registrar General and are shown in Tables 2 and 3.

**TABLE 4**  
**INFANT MORTALITY (Deaths under one year per thousand live births)**

England and Wales 1958=22.5

County 5 year average (1951-55)=20.5

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	52	18.5	25	19.9	27	17.4
1958	52	18.3	19	14.4	33	21.0

**TABLE 5**  
**STILL BIRTHS (Rate per thousand total births)**

England and Wales 1958=21.6

County 5 year average (1951-55)=21.1

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	47	16.5	17	13.3	30	19.0
1958	42	14.3	17	12.7	25	15.7

**TABLE 6**  
**ILLEGITIMATE BIRTHS (Rate per cent of total live births)**

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	109	3.9	60	4.8	49	3.2
1958	129	4.5	64	4.8	65	4.1

**TABLE 7**  
**MATERNAL DEATHS (Rate per thousand total births)**

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	3	1.05	1	0.78	2	1.26
1958	2	0.68	1	0.75	1	0.63

**TABLE 8**  
**INFANT MORTALITY RATE (legitimate)**  
 (Rate per thousand legitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	47	17.0	18	14.3	29	19.3

**TABLE 9**  
**INFANT MORTALITY RATE (illegitimate)**  
 (Rate per thousand illegitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	5	38.8	1	15.6	4	61.5

**TABLE 10**  
**NEO NATAL DEATH RATE (Deaths in first 4 weeks of life per 1,000 live births)**

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	38	13.1	15	11.3	23	14.7

**TABLE 11**  
**TUBERCULOSIS DEATHS (all forms)**  
 (Rate per 1,000 population)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	5	0.03	2	0.02	3	0.03
1958	9	0.05	6	0.06	3	0.03

**TABLE 12**  
**CANCER DEATHS**

County				City				Rural Area Aggregate			
<i>Male</i>		<i>Female</i>		<i>Male</i>		<i>Female</i>		<i>Male</i>		<i>Female</i>	
All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus
209	73	170	11	104	36	95	7	105	37	75	4

## Infectious Disease

The accompanying tables (14 and 14A) show what has taken place during 1958 in comparison with 1957. Mention has already been made in the foreword to this report to certain aspects of these tables. The reports of the district medical officers will contain details of any particular outbreaks.

### Tuberculosis

The following tables (15 and 15A) indicate the position with regard to tuberculosis in the City and Rural areas.

It is not remarkable to find a greater incidence of the disease in urban rather than rural areas. From time to time careful review of registers is undertaken and yearly comparison of figures can be misleading. One of the factors reducing the number of cases on the rural area register has been the review of certain cases resident in Papworth Village Settlement. The general downward trend in the incidence of tuberculosis is maintained.

### B.C.G. Vaccination

Protection against tuberculosis by B.C.G. vaccination is confined at present to certain special groups and the adjoining table illustrates the work that has been carried out in this connection by the Chest Physician and his staff.

It is hoped that next year a more extensive scheme for offering vaccination to school children will be started.

TABLE 13

Number of persons vaccinated with B.C.G. under Section 28 of the National Health Service Act

(1)	Number skin tested	900
(2)	Number found negative	773
(3)	Number vaccinated	519
(4)	Number skin tested after re-examination	503

### Tuberculosis Care and After Care

The Cambridgeshire Tuberculosis Aftercare Association performs a valuable function in assisting cases as the following information supplied by the Association indicates.

“ During the year ended 31st December 1958 a total of 29 patients received grants of either milk or groceries, or both, from the Association. Of these 18 were men and 11 were women; 23 returned to whole or part-time work, 5 still remained under treatment at home, and 1 died. In addition one patient was given a grant of £20 for part payment of debts incurred by his wife while he was in hospital. The number of patients helped was a considerable reduction compared to the previous year when 43 patients received grants.

Apart from grants direct to patients the Association provided equipment for the W.V.S. to start a canteen service at the Chest Clinic. This is now functioning and although it is not yet very well patronised it is of considerable benefit to the patients.”

The County Council make a grant of £1,000 per annum to the funds of the Association.

### Venereal Diseases

The following information is supplied by the Physician in Charge of the Special Clinic at Addenbrooke's Hospital which serves a number of areas, including Cambridgeshire.

Of the ‘first time’ attendances relating to patients resident in the Administrative County 10 were in connection with syphilis, 31 with gonorrhoea and 138 for other conditions.



**TABLE 14**  
**NOTIFICATION OF INFECTIOUS DISEASE IN THE CITY IN AGE GROUPS, 1958**

Age in Years	Scarlet fever	Whooping cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningo-coccal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	—	11	—	1	12	—	2	—	26
1—	—	15	1	—	45	—	4	—	65
2—	3	24	1	—	78	—	1	—	107
3—	4	28	1	—	111	—	6	—	150
4—	6	42	1	1	135	—	15	—	200
5—9	22	110	2	3	441	—	32	—	610
10—14	2	9	4	1	16	—	15	—	47
15—24	1	—	3	—	5	—	17	—	26
25 and over	—	6	6	—	6	—	25	2	45
Age unknown	—	4	1	—	16	1	11	—	33
Totals	38	249	20	6	865	1	128	2	1309
1957 Totals	81	121	—	—	844	—	351	2	1399

Age in Years	Acute pneumonia	Small-pox	Acute encephalitis		Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	—	—	—	—	—	—	—	10	—	—	10
5—14	6	—	1	—	—	—	—	11	—	—	18
15—44	3	—	4	—	—	1	2	9	—	—	19
45—64	9	—	—	—	—	—	1	8	—	—	18
65 and over	6	—	—	—	—	—	1	1	—	—	8
Age unknown	—	—	—	—	—	—	1	1	60	—	62
Totals	24	—	5	—	—	1	5	40	60	—	135
1957 Totals	24	—	2	—	—	1	5	35	81	—	148

TABLE 14A

## NOTIFICATION OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1958

Age in Years	Scarlet fever	Whooping cough	Acute poliomyelitis		Measles	Diphtheria	Dysentery	Meningo-coccal infection	Totals
			Paralytic	Non-Paralytic					
Under 1 year	2	1	—	—	10	—	2	—	15
1—	2	—	—	—	27	—	2	—	31
2—	6	4	—	—	45	—	3	—	58
3—	10	2	1	—	54	—	6	—	73
4—	15	2	—	—	52	—	2	—	71
5—9	73	12	—	—	326	—	27	—	438
10—14	14	1	—	—	48	—	16	—	79
15—24	4	—	—	—	3	—	9	—	16
25 and over	2	3	1	—	3	—	72	—	81
Totals	128	25	2	—	568	—	139	—	862
1957 Totals	42	372	13	4	690	—	26	3	1150

Age in Years	Acute pneumonia	Small-pox	Acute encephalitis		Enteric or Typhoid fever	Para-typhoid fevers	Erysipelas	Food Poisoning	Puer-peral Pyrexia	Oph-thalmia Neonatorum	Totals
			Infective	Post-Infectious							
Under 5 years	3	—	—	—	—	—	—	15	—	—	18
5—14	3	—	—	—	—	—	—	10	—	—	13
15—44	9	—	—	—	—	—	—	10	5	—	24
45—64	7	—	—	—	—	—	3	5	—	—	15
65 and over	15	—	—	—	—	—	—	1	—	—	16
Totals	37	—	—	—	—	—	3	41	5	—	86
1957 Totals	26	—	3	—	—	1	5	28	7	—	70



**TABLE 15**  
**CITY TUBERCULOSIS REGISTER 1958**

	Respiratory <i>Male    Female</i>		Non-Respiratory <i>Male    Female</i>		Total <i>Male    Female</i>	
1. Number of Cases on Register at commencement of year	450	337	62	72	512	409
2. Number of Cases notified for first time during year under Regulations	33	12	2	4	35	16
3. Cases restored to Register	—	—	—	—	—	—
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	17	16	1	—	18	16
(b) From Death Returns	—	—	—	—	—	—
5. Number of Cases removed from Register	95	69	19	15	114	84
6. Number of Cases remaining on Register at end of year	405	296	46	61	451	357

**TABLE 15A**  
**COUNTY TUBERCULOSIS REGISTER 1958**  
(excluding City)

	Respiratory <i>Male    Female</i>		Non-Respiratory <i>Male    Female</i>		Total <i>Male    Female</i>	
1. Number of Cases on Register at commencement at year	289	203	49	46	338	249
2. Number of Cases notified for first time during year under Regulations	27	11	2	3	29	14
3. Cases restored to Register	—	—	—	—	—	—
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	28	18	1	2	29	20
(b) From Death Returns	—	—	—	—	—	—
5. Number of Cases removed from Register	124	79	28	20	152	99
6. Number of Cases remaining on Register at end of year	220	153	24	31	244	184

## PERSONAL HEALTH SERVICES

### A. Care of Mothers and Young Children

In the City one ante-natal and post-natal and 10 infant welfare clinics are in operation and the following is a summary of the work undertaken.

TABLE 16

**CITY ANTE-NATAL and POST-NATAL CLINIC**  
(held at Auckland Road Clinic Friday p.m.)

	Number of pre- mises in use at end of year	Average number of combined Medical Officers and Midwives sessions held per month during year	Number of women in attendance		Total number of attendances during the year
			Number of women who attended during the year	Number of new cases included in col. 3	
(a) For ante-natal examination	1	4	95	86	186
(b) For post-natal examination			4	2	4

Infant welfare clinics are run in the City at various Centres and the following chart shows the place, day and time of the clinics.

TABLE 17

**CITY INFANT WELFARE CLINICS**

Clinic		Day and Time Held	
Arbury Road	I.W.C.	Tuesday	a.m.
Auckland Road	I.W.C.	Tuesday	p.m.
Auckland Road	Todd.	Friday	p.m.
Castle Street	I.W.C.	Tuesday	a.m.
Castle Street	I.W.C.	Tuesday	p.m.
Castle Street	Todd.	Wednesday	a.m.
Cherryhinton	I.W.C.	Monday	p.m.
Cherryhinton	Todd.	Thursday	a.m.
Cherryhinton	I.W.C.	Thursday	p.m.
Chesterton	I.W.C.	Thursday	p.m.
Chesterton	Todd.	Friday	p.m.
East Barnwell	I.W.C.	Tuesday	p.m.
Newnham	Todd.	Wednesday	a.m.
Newnham	I.W.C.	Wednesday	p.m.
Norwich Street	I.W.C.	Wednesday	a.m.
Romsey	Todd.	Monday	p.m.
Romsey	I.W.C.	Wednesday	p.m.
Romsey	I.W.C.	Thursday	a.m.
Trumpington	I.W.C.	1st & 3rd Monday in Month	p.m.

In Table 17A statistics of the actual work carried out are shown.

**TABLE 17A**  
**CITY INFANT WELFARE CENTRE ATTENDANCES**

Number of centres provided at end of year	Number of Child Welfare sessions held per month at centres in col. 1	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were:			Total attendances during the year
			1958	1957	1956-53		Under 1 year	1 but under 2	2 but under 5	
10	60	1134	966	854	1421	3241	16470	3546	2898	22914

In the rural area no ante-natal work is performed but 35 infant welfare clinics are run by voluntary committees, the County Council paying the doctors' fees and any monies required in connection with the hiring of premises, heating, lighting and transport.

Twenty nine clinics are attended by general practitioners and six by other doctors on a sessional basis.

Table 18 shows when the clinics function.

Table 18A shows the number of attendances at each clinic and also the immunisation procedures carried out.

During the year the Croydon clinic closed and the mothers and babies now attend Steeple Morden.

**TABLE 18**  
**RURAL AREA INFANT WELFARES**

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st			Cheveley Wicken	Bassingbourn V.C. Dullingham Gt. Wilbraham Harston Swavesey Steeple Morden	Isleham Melbourn Elsworth
2nd	Bassingbourn R.A.F.	Burwell	Cottenham	Castle Camps Waterbeach Willingham Longstanton	
3rd		Bottisham Coton Fulbourn		Chippenham Foxton Balsham Bassingbourn V.C. Duxford Gamlingay	Fordham Linton Melbourn
4th	Bassingbourn R.A.F. Great Shelford	Fowlmere (always last week) Soham	Bourn (always last week)	Gt. Abington (always last week) Longstanton	
			Histon* Girton†		Sawston‡

\* Every four weeks with effect from Wednesday, 8th April, 1959.

† Every two weeks with effect from Wednesday, 15th April, 1959.

‡ Every two weeks with effect from Friday, 17th April, 1959.

TABLE 18A

## INFANT WELFARE CENTRES—RURAL AREA

CENTRES	No. of Child Welfare sessions held per month at centres in col. (1)	No. of children who first attended a centre of this L.H.A. during the year, and who at their first attendance were under 1 year of age	No. of children who attended during the year and who were born in:			Total No. of children who attended during year	No. of attendances during the year made by children who at the date of attendance were:			Total Attendances during the year	No. of immunisations at infant welfare centres during the year					
			1958	1957	1956-53		Under 1 year	1 but under 2	2 but under 5		Primary			Boosters		
											Diph.	Diph/W.C.	W.C.	Diph.	Diph/W.C.	W.C.
Balsham	1	30	25	20	32	77	192	87	77	356	22	—	1	1	—	—
Barrington	1	18	17	8	15	40	111	57	23	191	—	14	—	1	—	—
Bassingbourn	2	79	36	26	30	92	374	126	113	613	—	—	—	—	—	—
Bottisham	1	20	15	17	23	55	84	70	24	178	2	10	—	1	—	—
Bourn	1	29	19	20	36	75	108	61	155	324	—	—	1	—	—	—
Burwell	1	68	68	35	12	115	308	95	51	454	35	2	23	—	1	—
Castle Camps	1	6	6	8	14	28	19	43	38	100	2	—	—	3	—	—
Cheveley	1	18	11	22	14	47	80	29	37	146	—	—	—	—	—	—
Chippenham	1	4	4	4	20	28	30	18	84	132	—	1	1	—	—	—
Coton	1	15	8	22	36	66	82	107	87	276	2	2	2	—	—	—
Cottenham	1	28	23	15	25	63	133	50	106	289	—	—	—	—	—	—
Croydon	1	1	1	2	8	11	2	4	13	19	—	—	—	—	—	—
Dullingham	1	12	9	17	32	58	109	77	118	304	—	4	—	—	—	—
Duxford	1	64	42	63	31	136	286	154	100	540	10	4	11	3	—	—
Elsworth	1	14	14	7	15	36	65	20	89	174	—	—	2	2	—	—
Fordham	1	13	11	17	27	55	159	45	75	279	—	—	—	—	—	—
Fowlmere	1	17	12	11	9	32	75	39	40	154	1	8	2	—	—	—
Fulbourn	1	48	30	18	9	57	96	34	8	138	—	—	—	—	—	—
Gamlingay	1	24	19	21	18	58	167	83	39	289	—	—	—	—	—	—
Girton	2	56	43	31	37	111	205	231	99	535	7	—	9	5	—	—
Gt. Abington	1	24	17	22	46	85	163	87	174	424	22	1	6	6	—	—
Gt. Shelford	2	90	77	19	9	105	568	151	83	802	3	2	15	1	—	—
Gt. Wilbraham	1	5	5	8	7	20	72	14	15	101	—	5	—	—	—	—
Harston	1	53	38	40	44	122	290	98	119	507	1	19	—	6	—	—
Histon	1	48	39	41	28	108	57	60	165	482	—	—	—	—	—	—
Isleham	1	13	11	14	9	34	141	24	17	182	—	10	—	—	—	—
Linton	1	20	17	17	—	34	206	29	—	235	18	—	30	2	—	—
Longstanton	2	55	49	43	50	142	516	145	171	832	11	3	16	9	—	—
Melbourn	2	56	42	45	64	151	449	172	186	807	17	8	10	1	—	—
Sawston	2	68	61	41	99	201	825	377	353	1555	11	3	18	2	3	—
Soham	2	33	27	25	30	82	197	28	46	271	—	—	—	—	—	—
Steeple Morden	2	32	31	36	73	140	287	99	83	469	2	—	31	2	—	—
Swavesey	1	24	23	27	36	86	107	141	108	356	14	1	28	15	1	—
Waterbeach	1	44	44	46	48	138	164	180	86	430	1	39	—	4	5	—
Wicken	1	9	3	6	15	24	43	31	62	136	16	—	—	—	—	—
Willingham	1	27	22	18	15	55	185	32	23	240	—	—	21	5	—	—
TOTALS	44	1165	919	832	1016	2767	7155	3098	3067	13320	197	135	227	69	11	—

## B. Health Visiting

The Health Visiting service continues to be the backbone of the socio-medical service in the County and its development is hindered by inability to obtain sufficient staff to meet the needs of the community. The Health Visitor, caring as she does for the whole family, has many and varied duties from advising mothers upon the care of their children to meeting the needs of the elderly, from carrying out sustained case work with problem families to giving talks to organised groups on health topics. As far as is possible having regard to staffing difficulties she is available to assist the general practitioner and to provide a link between hospital and family wherever necessary.

The Health Visitors also carry out Child Life Protection duties on behalf of the Children Department.

The accompanying tables (19 and 19A) record numerically the work undertaken.



**TABLE 19**  
**HEALTH VISITING (City of Cambridge)**

Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Total number of families or house-holds visited by Health Visitors
	First visit	Total visits	First visit	Total visits	Total visits	Total visits	Total visits	Total visits	
4104	215	319	1312	6972	2384	5260	386	3157	3938

**TABLE 19A**  
**HEALTH VISITING (Rural Area)**

Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Total number of families or house-holds visited by Health Visitors
	First visit	Total visits	First visit	Total visits	Total visits	Total visits	Total visits	Total visits	
6605	252	454	1365	12512	4330	5651	703	2322	5328

### C. Home Nursing

The importance of maintaining a satisfactorily staffed home nursing service cannot be over emphasised. It provides a vital service for the general practitioner apart from any of the other needs it satisfies where sickness occurs in the home. Hospital treatment is the most expensive form in the framework of the National Health Service and a good domiciliary nursing service can do much to help in ensuring that hospital beds are put to their best use. This is exemplified by the Home Care and Nursing service, details of which have been supplied by Addenbrooke's Hospital.

#### Home Care and Nursing Service

The nurses of both the City and the rural area continued to give assistance with the nursing of patients discharged from Addenbrooke's Hospital under the Home Care and Nursing Service scheme. A total of 182 individuals was discharged under its provisions, 91 of whom were residents of the City and 56 of the rural area.

The majority of the cases discharged were people who had undergone operations for appendicitis (79) or hernia (77).

The following tables (20 and 20A) show the work of the home nurses:—

**TABLE 20**  
**HOME NURSING SERVICE—CITY**

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended by Home Nurses during the year	1984	570	1	29	25	—	2609	868	9	409
Number of visits paid by Home Nurses during the year	27114	8382	1	736	128	—	36361	23412	154	23521

**TABLE 20A**  
**HOME NURSING SERVICE—RURAL AREA**

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended by Home Nurses during the year	1298	591	4	16	60	703	2672	840	101	436
Number of visits paid by Home Nurses during the year	31477	9599	46	1386	540	1541	44589	26516	650	29767

#### **D. Midwifery Service**

The County is fortunate in having in the City a Maternity Hospital which is part of the United Cambridge Hospitals Group. In Newmarket General Hospital, in West Suffolk, there are also maternity beds. It is not surprising that about 70% of the babies born to mothers resident in the County first see light of day in an institution. Although not published until 1959, the Report on the Maternity Services does in fact recommend provision of maternity beds to accommodate just this percentage of births.

The accompanying tables (21-21A) show the work the midwives have undertaken during the year and also particulars are given with regard to the administration of analgesics.

**TABLE 21**  
**MIDWIFERY SERVICE—CITY**

**Midwives**

	No. of Domiciliary Midwives practising in the area of the Local Supervising Authority at end of year
(a) Midwives employed by the Authority	5 (whole time)
(b) Midwives in Private Practice	1
Total	6

**Deliveries Attended by Midwives**

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Dr. or another)	Doctor not present at time of delivery of child	
Midwives employed by Authority	6	154	90	95	345
Midwives in Private Practice	8	66	13	1	88
Totals	14	220	103	96	433

No. of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day — 60.

**Breast Feeding**

No. of domiciliary cases in which the infant was wholly breast fed at the fourteenth day — 361.

**MEDICAL AID UNDER SECTION 14(1) OF THE MIDWIVES ACT, 1951**

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not:—

**Domiciliary cases:—**

- (i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service — 53.
  - (ii) Others — 1.
- Total — 54.



# ADMINISTRATION OF INHALATIONAL ANALGESICS—DOMICILIARY MIDWIVES

	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year:				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		Gas and air	"Trilene"	Gas and air	"Trilene"	Gas and air	"Trilene"		
(a) Domiciliary Midwives employed directly by the Local Health Authority	5	5	5	24	92	15	196	80	145
(b) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	1	—	—	6	4	6	—	8	66
Totals	6	5	5	30	96	21	196	88	211

TABLE 21A  
MIDWIFERY SERVICE—RURAL AREA

## Midwives

	No. of Domiciliary Midwives practising in the area of the Local Supervising Authority at end of year
(a) Midwives employed by the Authority	27 (part time)
(b) Midwives in Private Practice	—
Total	27

## Deliveries Attended by Midwives

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Dr. or another)	Doctor not present at time of delivery of child	
Midwives employed by Authority	21	323	121	42	507
Midwives in Private Practice	—	—	—	—	—
Totals	21	323	121	42	507

No. of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day — 603.

## Breast Feeding

No. of domiciliary cases in which the infant was wholly breast fed at the fourteenth day — 347.

## MEDICAL AID UNDER SECTION 14(1) OF THE MIDWIVES ACT, 1951

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not:—

### Domiciliary cases:—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service — 119.

(ii) Others, — Nil.

Total, — 119.

### ADMINISTRATION OF INHALATIONAL ANALGESICS—DOMICILIARY MIDWIVES

	Number of <i>domiciliary</i> midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in <i>domiciliary</i> practice during the year:				Number of cases in which pethidine was administered by midwives in <i>domiciliary</i> practice during the year:	
		Gas and air	"Trilene"	Gas and air	"Trilene"	Gas and air	"Trilene"	When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
(a) Domiciliary Midwives employed directly by the Local Health Authority	27	27	8	136	5	267	14	96	130
(b) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
Totals	27	27	8	136	5	267	14	96	130

## E. Home Help Service

This service provides a valuable supplement to the Home Nursing and Midwifery services apart from the important work it undertakes in helping the aged, cases of tuberculosis and families where the mother has had to go into hospital. Recruitment is difficult at times in some parts of the rural area since there are available other ample opportunities for women to earn money.

This service is combined for City and rural area, a fact which greatly facilitates the provision of the service on the City boundary.

Study of Table 22 well illustrates the important role the service plays in the care of the aged for whom other forms of care might well have to be resorted to if a home help could not be provided.

TABLE 22  
HOME HELP SERVICE

Number of Domestic Helps employed at the end of the year: (a) Whole-time 47

(b) Part-time 209

Number of cases where domestic help was provided during the year:

	Total	Cases included in previous col. in which help began prior to 1958
(a) Maternity (including expectant mothers)	335	50
(b) Tuberculosis	29	22
(c) Chronic sick including aged and infirm	868	452
(d) Others	220	58

## F. Premature Infants

The following Tables (23 and 23A) show the particulars of premature births in the Administrative County. It will be seen that the rate is 64.3 per 1,000 live births. According to the returns no premature babies were born in nursing homes and nursed entirely there nor were any born in nursing homes and transferred to hospital on or before the 28th day.

**TABLE 23**  
**PREMATURE INFANTS—CITY**

Weight at birth  (1)	PREMATURE LIVE BIRTHS									PREMATURE STILL-BIRTHS		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total	Died within 24 hrs. of birth (9)	Survived 28 days (10)	(11)	(12)	(13)
(a) 3 lb. 4 oz. or less	7	1	2	—	—	—	—	—	—	2	—	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	14	1	11	—	—	—	—	—	—	1	—	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	15	1	14	—	—	—	1	—	1	1	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	42	—	40	6	—	6	4	—	4	1	2	—
Totals	78	3	67	6	—	6	5	—	5	5	2	—

\* The group under this heading will include cases which may be born in one hospital and transferred to another.

**TABLE 23A**  
**PREMATURE INFANTS—RURAL AREA**

Weight at birth  (1)	PREMATURE LIVE BIRTHS									PREMATURE STILL-BIRTHS		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total	Died within 24 hrs. of birth (9)	Survived 28 days (10)	(11)	(12)	(13)
(a) 3 lb. 4 oz. or less	6	5	1	2	—	1	1	—	—	7	1	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	19	2	13	4	—	3	—	—	—	2	1	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	14	1	12	2	—	2	—	—	—	2	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	40	—	40	9	—	9	—	—	—	1	—	—
Totals	79	8	66	17	—	15	1	—	—	12	2	—

\* The group under this heading will include cases which may be born in one hospital and transferred to another.

## G. Dental Treatment for Expectant and Nursing Mothers and Young Children

Owing to the depleted staff of the dental service, very little work has been able to be carried out under this scheme as the following table (24) painfully stresses.

**TABLE 24**  
**DENTAL TREATMENT**  
**A. NUMBERS PROVIDED WITH DENTAL CARE**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	2	2	2	1
Children under Five	15	9	9	9

**B. FORMS OF DENTAL TREATMENT PROVIDED**

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	—	1	—	—	5	—	1	—	—
Children under Five	—	6	10	—	—	—	—	—	—

#### **H. Distribution of Welfare Foods**

In the City, these were obtainable from infant welfare clinics and the Old Post Office. In the rural area a number of arrangements for the distribution of welfare foods exist including infant welfare centres and shops.

The following Table (25) shows the total of these foods issued:—

**TABLE 25**  
**WELFARE FOODS**

	Total issued	Issued at Old Post Office
National Dried Milk (Tins)	28,018	14,583
Cod Liver Oil (Bottles)	12,229	5,365
A. and D. Tablets (Packets)	10,285	7,098
Orange Juice (Bottles)	98,399	53,082

#### **I. Day Nurseries and Nurseries & Child Minders Regulation Act, 1948**

The following table sets out the attendances at the single Day Nursery provided by the Authority in the City of Cambridge:—

**TABLE 26**  
**DAY NURSERIES**

Number of approved places		Number of children on register at end of year		Average daily attendance during year	
Under 2	2-5	Under 2	2-5	Under 2	2-5
14	26 F.T. 3 P.T.	16 F.T.	32 F.T. 1 P.T.	11 F.T.	25 F.T. 1 P.T.

(F.T.—Full-time; P.T.—Part-time)

No financial assistance towards the operation of other nurseries or to daily minders has been given but it is known that 9 nurseries providing for 123 children existed in the City of Cambridge and 4 daily minders provided for 34 children in the rural area.



## **J. Care of the Unmarried Mother**

The Council continued to make a grant of £225 per annum to the Cambridge Association for Social Welfare for this work in the City of Cambridge and made grants towards the cost of maintenance in mother and baby homes in respect of 13 unmarried mothers, one of whom entered a home only after the birth of her baby.

## **K. Registration of Nursing Homes**

The following table gives details of registered nursing homes in the Administrative County.

**TABLE 27**  
**REGISTERED NURSING HOMES**

	Number of homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes on the register at end of year	4	3	25	28

## **Section 28, National Health Service Act, 1946.**

This section provides for continuing care and after care services such as those relating to tuberculosis and mental health. Details of these schemes will be found in those parts of the report dealing with the particular subject.

One further example of work carried out under this section is the provision of medical loans. The British Red Cross Society kindly administers this important service for us. In the year under review £1,226. 4s. 6d. was spent on providing 1,911 items of service to 955 patients. The type of medical loan issued ranges from mackintosh sheets and bed pans to Balkan beams and crutches. I would like to record my gratitude to the British Red Cross Society for their valuable assistance and ready help in this scheme.

## **Immunisation and Vaccination**

The main feature in this programme remains that of offering poliomyelitis vaccination to age groups specified by the Ministry of Health.

In September 1958 the upper limit was raised from 15 to 25 years of age.

At the same time it was announced by the Ministry of Health that a third injection at an interval of not less than 7 months after the first immunising injections should be given to ensure the best protection against the disease.

The following tables (28, 28A, 28B & 28C) show the position at the end of the year.

# POLIOMYELITIS

TABLE 28

Number of individuals eligible by age who received 1st and 2nd injections during the year

Born in	Injections given by family doctor		Injections given at Local Authority Clinic		Totals
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
1933	14	25	—	5	44
34	17	23	1	1	42
35	46	21	1	—	68
36	60	12	2	1	75
37	75	17	1	1	94
38	29	14	—	3	46
39	19	15	2	2	38
1940	17	13	1	3	34
41	14	18	6	1	39
42	33	31	4	7	75
43	272	315	83	79	749
44	398	409	103	109	1019
45	395	422	97	119	1033
46	540	507	124	140	1311
47	388	350	116	105	959
48	302	335	85	98	820
49	318	315	87	89	809
1950	307	348	100	94	849
51	396	378	129	113	1016
52	440	415	132	129	1116
53	470	486	129	105	1190
54	484	481	111	125	1201
55	586	591	215	148	1540
56	640	642	176	171	1629
57	648	603	101	103	1455
58	106	106	13	8	233
Totals	7014	6892	1819	1759	17484

TABLE 28A

Individuals in other priority classes who received first and second injections during the year

Injections given by Family Doctor		Injections given at Local Authority Clinic		Totals
Expectant Mothers				
657		78		735
General Practitioners and Households				
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
37	64	—	—	101
Hospital Staff and Households				
4	8	—	—	12
Ambulance Personnel and Households				
5	—	19	14	38
				886

TABLE 28B

Number of individuals eligible by age who received third injections during the year

Born in	Injections given by Family Doctor		Injections given at Local Authority Clinic		Totals
	Male	Female	Male	Female	
1947	16	16	5	5	42
48	18	17	1	3	39
49	21	11	3	6	41
1950	24	19	2	5	50
51	23	27	4	7	61
52	32	24	7	8	71
53	11	14	2	6	33
54	9	12	3	1	25
55	2	1	—	—	3
56	2	1	—	—	3
57	—	—	—	—	—
58	—	—	—	—	—
Totals	158	142	27	41	368

TABLE 28C

Details of Poliomyelitis Vaccination up to December 31st, 1957

Born in	1947		1948		1949		1950		1951		1952		1953		1954		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Completed immunisations at Local Authority Clinics	268	280	254	291	262	254	277	203	173	119	99	113	93	94	75	61	2916
Completed immunisations by general practitioners	72	53	60	50	67	62	61	61	31	36	34	25	22	28	20	14	696
Total	340	333	314	341	329	316	338	264	204	155	133	138	115	122	95	75	3612
First injections at Local Authority Clinics	1	3	2	—	3	2	—	1	2	1	1	—	1	1	1	—	19
First injections by general practitioners	—	1	1	—	—	2	—	4	—	—	—	1	—	2	—	1	12
Total	1	4	3	—	3	4	—	5	2	1	1	1	1	3	1	1	31

From these tables it will be seen that nearly 22,000 persons have received the first two injections.

Diphtheria and whooping cough immunisation continues, but following Ministry of Health Circular 8/57 it has been thought necessary to give these antigens separately. Tetanus immunisation is not carried out under a County Council scheme. Vaccination against smallpox continues to be carried out.

It cannot be stressed too often how necessary it is for these methods of protection against killing and maiming diseases to be widely employed. Because the disease is rarely seen is no indication for complacency or relaxing our programmes of offering protection to the population.

The following tables indicate the work carried out during the year.



**TABLE 29**  
**RECORD OF IMMUNISATIONS**  
**City of Cambridge**

Age group	Primary			Boosters		
	Diphtheria	Diphtheria/ Whooping Cough	Whooping Cough	Diphtheria	Diphtheria/ Whooping Cough	Whooping Cough
Under 1	336	280	519	—	—	—
1 year	194	84	88	—	—	—
2 years	18	19	7	—	—	—
3 years	12	4	9	—	—	—
4 years	8	2	4	13	7	—
5-9 years	30	10	11	502	73	5
10-14 years	—	—	—	14	—	—
Total	598	399	638	529	80	5

**TABLE 29A**  
**RECORD OF IMMUNISATIONS**  
**Rural Area (including work done at Infant Welfare Centres)**

Age group	Primary			Boosters		
	Diphtheria	Diphtheria/ Whooping Cough	Whooping Cough	Diphtheria	Diphtheria/ Whooping Cough	Whooping Cough
Under 1	388	368	385	1	—	—
1 year	104	121	109	2	2	—
2 years	14	8	6	2	1	1
3 years	7	1	4	2	—	—
4 years	5	1	5	89	39	5
5-9 years	12	1	11	156	52	20
10-14 years	4	—	1	3	1	—
Total	534	500	521	255	95	26

**TABLE 29B**  
**RECORD OF VACCINATIONS**  
**City and Rural Area**

	Vaccinated	Re-vaccinated
Under 1 year	1,949	1
1 year	30	—
Aged 2-4 years	54	18
Aged 5-14 years	43	53
Over 15 years	110	883
Totals	2,186	905

## MENTAL HEALTH

### (a) Mental Illness

There was no change in the arrangements for dealing with cases of mental illness. One Duly Authorised Officer assisted by one part-time Duly Authorised Officer on the staff of the Health Department carry out welfare work as well as acting statutorily. Through the Cambridgeshire Mental Welfare Association two of their officers perform valuable care and after care services for those with mental illnesses and a report on the Association's work is included later.

The following figures give details of the work of the Duly Authorised Officers.

Cases certified .. .. .	27
Urgency Orders .. .. .	—
Admitted under Section 20 .. .. .	7
Admitted under Section 21(1) .. .. .	140
Voluntary patients .. .. .	246
Temporary patients .. .. .	—
Other cases .. .. .	36

### (b) Mental Deficiency

The great event of the year in the Council's services for mental defectives was the opening on June 30th of the new Occupation Centre in Coldham's Lane. This event has already been referred to in the foreword.

At the end of the year the number of individuals on the register of the Centre was 73. They may be divided as follows:—

<i>Males</i>				<i>Females</i>			
Under 16 years .. .. .	25	Under 16 years .. .. .	16				
Over 16 years .. .. .	19	Over 16 years .. .. .	13				

Once again a summer camp was organised by the Cambridge Society for Mentally Handicapped Children and was held at Kessingland from June 28th to July 5th. Some 30 individuals from the Centre attended the camp but none of the staff could be released as they were fully occupied with the move to the new Centre.

The full-time Duly Authorised Officer is also Mental Deficiency Enquiry Officer and Petitioning Officer. Two Officers of the Cambridgeshire Mental Welfare Association undertake mental deficiency work together with one full-time and one part-time home teacher.

In 1958, 31 new cases of mental deficiency were considered by the Mental Health Sub-Committee of which 18 were notified by the County Education Committee, 10 by the City Committee for Education and 3 by other Local Authorities.

The method of dealing with them was:—

Petition for Certified Institution .. .. .	3
Statutory Supervision .. .. .	28

Of the 3 cases in which the presentation of a petition was recommended 2 were actually admitted to Certified Institutions during the year.

At the end of the year there were 7 cases on licence from institutions.

The number of cases under Guardianship was 8 of whom only 2 had guardians in Cambridgeshire. Of the remaining 6, the Brighton Guardianship Society has placed 3, 1 was in a home in Surrey and the other 2 were with private guardians in Oxfordshire and Essex respectively.

I am grateful for the following report from the Secretary on the work of the Cambridgeshire Mental Welfare Association.

“The social work in mental deficiency and mental illness has been carried out by the Cambridgeshire Mental Welfare Association as in previous years. The two Social Workers in mental deficiency have been very fully occupied with 500 patients under Statutory and Voluntary Supervision and numerous problems have arisen during the routine visiting which have necessitated sustained casework. With the higher grade defectives, the contact is directly personal and a good deal is done to help them find friends, clubs, lodgings, or suitable work, and also to help them manage their money and, where necessary and possible, to acquire some facility in reading and writing. To this end, an evening class is held which caters for a group of young people who are in work but who are very backward in reading and writing. A number of them have made good progress, and they are also learning, through mixing with each other, to become more sociable and at ease with people. The work with lower grade defectives is necessarily confined

more to the parents than the patients and, apart from practical matters such as arranging holidays, etc., is mainly concerned with giving advice and support on matters of handling and training, and on personal problems as they arise in the relationships between the defective and other members of the family. This is particularly important where there are young parents of a very young defective, and a great deal can be done if the Social Worker can visit early and help to dispel some of the guilt and unhappiness with which the parents are burdened.

Home teaching is carried out for a number of children living in more isolated villages and this results in a wide range of handwork, some of which was on exhibition at Shire Hall last October. Several of the older patients are able to produce excellent rugs which are usually made to order.

The two social workers occupied with mental illness work closely with the social workers in mental deficiency and in some cases overlap. The work and problems are similar, being concerned mainly with jobs, lodgings, leisure interests and family relationships, but the patients are not necessarily long-term. Mental patients recover and cease to need advice and support, whereas the supervision of mental defectives may be life-long. As in the other side of the work, there is extensive co-operation with other welfare organisations, and particularly with Addenbrooke's Psychiatric Clinic and Fulbourn Hospital, and reports are provided upon the patients' home conditions for the psychiatrists engaged in treatment. In many instances, the social workers can usefully "carry" cases which do not need psychiatric treatment, and thus remove unnecessary burdens from the psychiatrist.

During the year, the Cambridgeshire Mental Welfare Association, with financial assistance from the County Council, has joined with the S.O.S. Society in establishing Winston House as a half-way hostel for patients either leaving Fulbourn Hospital and needing sheltered accommodation for a time, or for those living unsatisfactorily in lodgings or at home and being in need of a setting such as can be provided by Winston House. This venture is already filling a great need and points the way to other possible experiments in hostels and in sheltered workshops."

Although it is realised that an enormous amount of work is going to be needed in developing adequate services for the community a very useful nucleus exists already upon which future services can be developed.

The Occupation Centre which is planned to accommodate about 100 children and young adults has useful workrooms which form a testing ground for a more advanced industrial centre. Winston House is a first essay in this area of a rehabilitation hostel. It may be possible to develop a social club for mental patients in conjunction with the hostel. In the Cambridgeshire Mental Welfare Association itself there is a long tradition of service to the community and original work. This association is well placed to play a significant role in the development of community mental health services. Apart from the established need of visiting services, there is the necessity for keeping the public informed on matters relating to mental health. Further, there will be required some flexibility in developing services, some opportunity for trial both in the maintenance of valuable records, and the devising of suitable services; a voluntary organisation is well placed to help in this way.

## **BLIND WELFARE, AND HANDICAPPED PERSONS**

### **Blind**

A number of staff changes took place during the year. Miss D. Williams, who was appointed on September 17th, 1956, accepted a post in Warwickshire and left at the end of April. Miss C. Mundahl, who was appointed on October 1st, 1956, resigned her post with this Authority and left at the end of August. The vacancies thereby created were filled by the appointment of Mrs. M. Sier and Mr. E. Wilkinson, they commenced work on September 1st and 21st, respectively.

During the year the rural part of the County and some of the outlying parts of the City were covered by Miss Peel and Miss Williams (and upon the latter's resignation by Mrs. Sier), using cars. Miss Mundahl, using a bicycle, covered the remainder of the City up to the date of her resignation. Mr. Wilkinson took over Miss Mundahl's area and uses public transport. During the period May 1st to August 31st Miss Peel covered all the rural part of the County and the outlying areas of the City.

There was a further decrease in the number of registered blind persons during 1958, the number at the end of the year being 373 as against 381 at the end of 1957. The following table shows the distribution as to area and age groups:—



**TABLE 30**  
**BLIND PERSONS—Distribution as to area and age**

	0-5	5-16	Over 16	Total
City	—	4	195	199
Rural Area	1	4	169	174
Total	1	8	364	373

Of the 364 cases of blindness over the age of sixteen 322 were regarded as unemployable. There were three home workers and 29 were employed elsewhere in open employment as well as one employed in a workshop for the blind. Of the 7 unemployed but available for and capable of work 3 were considered suitable for open employment without training and 1 suitable for sheltered employment without training. Two more were regarded as trainable, one for open employment and 1 for sheltered employment. One was trained for open employment but unemployed. One girl over the age of sixteen was in attendance at a special school and one male was undergoing training for sheltered employment.

During the year the Home Teachers paid 3,740 visits to blind persons. (City 1,629, County 2,111.)

The annual party for blind persons was held on September 4th in the Queen Edith School, Cambridge and over 160 blind persons and their guides attended.

Two hundred and nineteen blind persons and their guides from the City and rural area attended two outings to Clacton which took place on the 9th and 16th June.

In respect of the new cases registered in 1958 the following table gives details of the cause of the disability and indicates whether treatment was recommended or not and, if it was, the number of cases in which it was received.

**TABLE 30A**  
**CAUSES OF BLINDNESS**

	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(i) Number of cases registered during the year in respect of which para. 7(c) of Form BD8 recommends:				
(a) No treatment	10	5	—	10
(b) Treatment (Medical, Surgical & Optical)	2	1	—	7
(ii) Number of cases at (i) above which on follow up have received treatment	1	—	—	6

It will be noted that treatment was recommended in 10 cases and only obtained in 7. Of the 3 cases where treatment had not been provided the position was as follows—one refused treatment, one died and one was awaiting completion of arrangements for treatment.

The following tables give details of new cases registered as blind and partially sighted in 1958 indicating the cause of the eye defect and the age at which it occurred.

**TABLE 30B**  
**BLIND—New cases registered in 1958**

Primary Ocular Defect	Age at which blindness occurred											Total
	0-5	6-16	17-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90+	
1. Macular degeneration		1							1	2		4
2. Cataract	1				1			1		1		4
3. Glaucoma							1	2	3			6
4. Optic Atrophy				1	1			3				5
5. Myopia				1	1		2		1			5
6. Diabetes							1	1				2
8. Thrombosis					1							1
9. Retinal detachment					1							1
10. Glioma		1										1
11. Keratitis							1		1			2
12. Retrobulbar neuritis									1			1
13. Cortical degeneration	1											1
14. Vascular changes								1				1
Grand Total	2	2	—	2	5	—	5	8	7	3	—	34

**TABLE 30C**  
**PARTIALLY SIGHTED—New cases registered in 1958**

Cause of Eye Defects	Age at which partial sight occurred											Total
	0-5	6-16	17-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90+	
1. Cataract									1			1
2. Glaucoma								1				1
3. Senile Macular Degeneration								1				1
4. Myopia	1	1										2
5. Keratitis					1							1
6. Optic Atrophy						1						1
Grand Total	1	1	—	—	1	1	—	2	1	—	—	7

### Disabled Persons

During the year the visiting of the 1,325 disabled persons who were on the register provided by the British Red Cross Society was completed as well as a further 170 new cases. At the end of the year it was considered that 122 persons (42 male and 80 female) required assistance from the Home Teachers either in the form of instruction or provision of materials. The difference between these figures is accounted for by reason of the terms of reference used for the purpose of assessing the need for home teaching. A person on the original register who was working did not need home teaching and a person either not wanting or incapable of benefitting by home teaching was not considered eligible for inclusion on the new register. The following table illustrates this point:—

**TABLE 31  
DISABLED PERSONS**

	Male	Female	Total
Working full time	498	52	550
Left area	89	40	129
Died	88	70	158
Covered by other Acts (Blind, deaf & dumb etc.)	7	4	11
Total	682	166	848

Further visiting and consideration of cases continued as and when the staff position permitted during the year with the result that at the end of the year the Home Teachers felt that the 122 persons on the register truly represented the need for their services. The following table shows the breakdown as to area and age groups of the 122 persons who were retained on the register at the end of the year.

**TABLE 31A  
DISABLED PERSONS—Distribution as to area and age groups**

	0-5	5-16	Over 16	Total
City	—	—	50	50
Rural Area	—	—	72	72
Total	—	—	122	122

It was considered that the 122 people did not represent any very large extra burden on the Home Teachers and it was, therefore, suggested to the Ministry of Health that the arrangement whereby the Home Teachers attended these people should continue. The Minister of Health gave his consent to this suggestion for a further period of twelve months.

Seven hundred and seventy-four visits were made by the Home Teachers during the year to disabled persons. (County 399, City 375). Three hundred and ten lessons were given as follows:—

**TABLE 31B  
LESSONS TO DISABLED PERSONS**

Nature of lessons given	Number of lessons given
Cane	39
Crochet	1
Embroidery	84
Felt work	3
Knitting	89
Lampshades	13
Painting	1
Pewter	2
Rugs	67
Seagrass	1
Weaving	10
Total	310

## CHRONIC SICK AND INFIRM

The Minister has asked this year for comment on his Circular 14/57 with regard to services for the chronic sick and infirm. It will be recalled that in March 1954 the Council held a conference attended by the local authorities in its area together with other interested organisations and individuals to discuss (a) the setting up by the Welfare Department of a central register of information about the elderly in the area in order that services, statutory and voluntary, should not overlap or be duplicated, and (b) the housing authorities were asked to help in providing special accommodation for the elderly in their housing estates. Chesterton Rural District Council in January 1957 opened a series of bungalows for the elderly on a housing estate in Histon; one of the bungalows is let to a Warden who has the overall supervision of the tenants and calls upon the services of the district nurses and home helps as required. It is hoped that very soon other authorities in the area will have similar schemes in operation.

The Council rents Part III accommodation in the Chesterton Hospital which is a hospital for the chronic sick in the United Cambridge Hospitals Group. The East Anglian Regional Hospital Board rents sick accommodation for the chronic sick at the Linton Hospital, the remainder of the accommodation there being used for Part III cases. The Council provides Part III accommodation in three other homes and has the construction of one further home under consideration. It is possible for short stay cases as described in the Circular to be accommodated.

The most urgent need for the further development of the services is the appointment by the hospital authorities of a geriatrician to co-ordinate all the available services, statutory and voluntary; the need for such an appointment was voiced at the conference to which reference has been made.\*

## AMBULANCE SERVICE

The following figures give details of the work of the ambulance service in 1958:—

Ambulances directly provided	..	..	..	..	..	..	..	..	..	..	7
Cars directly provided	..	..	..	..	..	..	..	..	..	..	6
Number of journeys by above											
Ambulances	..	..	..	..	..	..	..	..	..	..	8,997
Cars	..	..	..	..	..	..	..	..	..	..	4,547
Patients carried by above	..										
Ambulances	..	..	..	..	..	..	..	..	..	..	6,898
Cars	..	..	..	..	..	..	..	..	..	..	7,731
Accident and emergency journeys included in above											
Ambulances	..	..	..	..	..	..	..	..	..	..	1,023
Cars	..	..	..	..	..	..	..	..	..	..	171
Mileage run by above	..										
Ambulances	..	..	..	..	..	..	..	..	..	..	109,715
Cars	..	..	..	..	..	..	..	..	..	..	107,165
Journeys by supplementary vehicles											
Ambulances	..	..	..	..	..	..	..	..	..	..	447
Cars	..	..	..	..	..	..	..	..	..	..	16,056
Patients carried by supplementary vehicles	..										
Ambulances	..	..	..	..	..	..	..	..	..	..	450
Cars	..	..	..	..	..	..	..	..	..	..	31,494
Accident and emergency journeys by supplementary vehicles											
Ambulances	..	..	..	..	..	..	..	..	..	..	36
Cars	..	..	..	..	..	..	..	..	..	..	—
Mileage run by supplementary vehicles											
Ambulances	..	..	..	..	..	..	..	..	..	..	8,957
Cars	..	..	..	..	..	..	..	..	..	..	211,508

The number of full time staff on December 31st, 1958 was 26.

\* In June, 1959, advertisements appeared for the post of Consultant Geriatrician.



TABLE 32A  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE  
City of Cambridge

	Sex	0-	1-	5-	15-	25-	45-	65-	75-	All Ages
1. Tuberculosis, respiratory .. ..	M	—	—	—	—	—	4	1	—	5
	F	—	—	—	—	—	—	—	1	1
2. Tuberculosis, other .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
4. Diphtheria .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .. ..	M	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	M	—	—	—	—	—	1	—	—	1
	F	—	—	—	—	—	—	1	—	1
10. Malignant neoplasm, stomach .. ..	M	—	—	—	—	—	4	7	2	13
	F	—	—	—	—	—	1	4	7	12
11. Malignant neoplasm, lung, bronchus ..	M	—	—	—	—	3	16	12	5	36
	F	—	—	—	—	—	2	2	3	7
12. Malignant neoplasm, breast .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	5	3	9	18
13. Malignant neoplasm, uterus .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	6	—	1	8
14. Other malignant and lymphatic neoplasms	M	—	—	1	—	3	13	21	17	55
	F	—	—	—	—	1	15	13	21	50
15. Leukaemia, aleukaemia .. ..	M	—	—	—	—	—	1	—	1	2
	F	—	—	—	—	1	—	—	1	2
16. Diabetes .. ..	M	—	—	—	—	—	1	—	2	3
	F	—	—	—	—	1	—	3	1	5
17. Vascular lesions of nervous system ..	M	—	—	—	—	—	10	16	43	69
	F	—	—	—	—	2	12	18	96	128
18. Coronary disease, angina .. ..	M	—	—	—	—	2	31	27	22	82
	F	—	—	—	—	—	7	14	36	57
19. Hypertension with heart disease ..	M	—	—	—	—	—	2	3	5	10
	F	—	—	—	—	—	2	2	13	17
20. Other heart disease .. ..	M	—	—	1	1	1	2	6	27	38
	F	—	—	—	—	—	3	9	48	60
21. Other circulatory disease .. ..	M	—	—	—	—	—	1	6	10	17
	F	—	—	—	—	—	—	5	18	23
22. Influenza .. ..	M	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	3	3
23. Pneumonia .. ..	M	—	—	—	—	—	1	5	6	12
	F	—	—	—	—	—	4	4	9	17
24. Bronchitis .. ..	M	2	—	—	—	—	4	12	10	28
	F	1	—	—	—	—	1	2	7	11
25. Other diseases of respiratory system ..	M	—	—	—	—	—	2	1	1	4
	F	—	—	—	—	—	1	—	1	2
26. Ulcer of stomach and duodenum ..	M	—	—	—	—	1	4	4	4	13
	F	—	—	—	—	—	—	—	9	9
27. Gastritis, enteritis and diarrhoea ..	M	—	—	—	—	—	1	—	1	2
	F	—	—	—	—	—	—	1	2	3
28. Nephritis and nephrosis .. ..	M	—	—	1	—	—	1	1	—	3
	F	—	—	—	—	1	1	1	1	4
29. Hyperplasia of prostate .. ..	M	—	—	—	—	—	1	—	4	5
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	—	—	—	1
31. Congenital malformation .. ..	M	3	—	—	—	1	—	—	—	4
	F	3	1	—	—	—	—	—	—	4
32. Other defined and illdefined diseases ..	M	5	—	—	—	2	9	2	6	24
	F	5	1	1	—	5	6	10	29	57
33. Motor vehicle accidents .. ..	M	—	—	—	3	4	—	—	1	8
	F	—	—	—	—	—	—	3	—	3
34. All other accidents .. ..	M	—	—	3	1	4	1	2	3	14
	F	—	—	—	—	—	1	1	7	9
35. Suicide .. ..	M	—	—	—	—	3	2	1	—	6
	F	—	—	—	2	1	3	—	—	6
36. Homicide and operations of war ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
ALL CAUSES .. ..	M	10	—	6	5	25	112	127	171	456
	F	9	2	1	2	15	70	96	323	518

**TABLE 32B**  
**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE**  
**Aggregate of Rural Districts**

	Sex	0-	1-	5-	15-	25-	45-	65-	75-	All Ages
1. Tuberculosis, respiratory .. ..	M	—	—	—	—	—	2	—	—	2
	F	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other .. ..	M	—	—	—	—	—	1	—	—	1
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	1	—	—	1
4. Diphtheria .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	1	—	1
10. Malignant neoplasm, stomach .. ..	M	—	—	—	—	—	2	4	3	9
	F	—	—	—	—	1	1	2	7	11
11. Malignant neoplasm, lung, bronchus ..	M	—	—	—	—	1	18	11	7	37
	F	—	—	—	—	1	1	2	—	4
12. Malignant neoplasm, breast .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	3	7	1	4	15
13. Malignant neoplasm, uterus .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	2	—	1	3
14. Other malignant and lymphatic neoplasms	M	—	—	1	—	2	11	25	20	59
	F	—	—	—	—	5	13	14	10	42
15. Leukaemia, aleukaemia .. ..	M	—	—	—	—	1	—	—	1	2
	F	—	—	—	—	—	—	1	—	1
16. Diabetes .. ..	M	—	—	—	—	—	—	—	4	4
	F	—	—	—	—	—	1	5	—	6
17. Vascular lesions of nervous system ..	M	—	—	—	—	—	5	20	40	65
	F	1	—	—	—	1	10	25	65	102
18. Coronary disease, angina .. ..	M	—	—	—	—	1	37	32	32	102
	F	—	—	—	—	—	7	17	33	57
19. Hypertension with heart disease ..	M	—	—	—	—	1	4	7	5	17
	F	—	—	—	—	—	1	2	3	6
20. Other heart disease .. ..	M	—	—	—	—	2	7	11	60	80
	F	—	—	—	—	3	5	16	68	92
21. Other circulatory disease .. ..	M	—	—	—	—	—	4	2	9	15
	F	—	—	—	—	1	1	6	18	26
22. Influenza .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	1	3	4
23. Pneumonia .. ..	M	—	—	1	—	—	2	—	9	12
	F	1	—	—	—	—	2	7	17	27
24. Bronchitis .. ..	M	—	—	—	—	1	5	9	12	27
	F	1	—	—	—	—	2	2	4	9
25. Other diseases of respiratory system ..	M	1	—	—	—	1	2	—	—	4
	F	—	—	—	—	—	1	—	1	2
26. Ulcer of stomach and duodenum ..	M	—	—	—	—	—	2	2	3	7
	F	—	—	—	—	—	—	1	3	4
27. Gastritis, enteritis and diarrhoea ..	M	—	—	—	—	—	1	—	1	2
	F	—	—	—	—	1	1	3	—	5
28. Nephritis and nephrosis .. ..	M	—	—	—	—	—	—	—	2	2
	F	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate .. ..	M	—	—	—	—	—	—	—	5	5
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	1	—	—	1
31. Congenital malformation .. ..	M	7	—	—	—	—	—	—	—	7
	F	1	—	—	—	1	—	—	—	2
32. Other defined and illdefined diseases ..	M	10	2	—	1	4	6	6	12	41
	F	11	—	—	1	2	10	6	16	46
33. Motor vehicle accidents .. ..	M	—	—	2	2	2	3	3	—	12
	F	—	—	—	—	—	—	—	1	1
34. All other accidents .. ..	M	—	1	1	1	1	1	2	2	9
	F	—	—	—	—	—	—	2	11	13
35. Suicide .. ..	M	—	—	—	—	2	2	—	—	4
	F	—	—	—	—	1	2	1	—	4
36. Homicide and operations of war ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
ALL CAUSES .. ..	M	18	3	5	4	19	115	134	227	525
	F	15	—	—	1	20	69	115	265	485

**TABLE 32C**  
**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE**  
Administrative County

	Sex	0-	1-	5-	15-	25-	45-	65-	75-	All Ages
1. Tuberculosis, respiratory .. ..	M	—	—	—	—	—	6	1	—	7
	F	—	—	—	—	—	—	—	1	1
2. Tuberculosis, other .. ..	M	—	—	—	—	—	1	—	—	1
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	1	—	—	1
4. Diphtheria .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .. ..	M	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	M	—	—	—	—	—	1	—	—	1
	F	—	—	—	—	—	—	2	—	2
10. Malignant neoplasm, stomach .. ..	M	—	—	—	—	—	6	11	5	22
	F	—	—	—	—	1	2	6	14	23
11. Malignant neoplasm, lung, bronchus ..	M	—	—	—	—	4	34	23	12	73
	F	—	—	—	—	1	3	4	3	11
12. Malignant neoplasm, breast .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	4	12	4	13	33
13. Malignant neoplasm, uterus .. ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	8	—	2	11
11. Other malignant and lymphatic neoplasms	M	—	—	2	—	5	24	46	37	114
	F	—	—	—	—	6	28	27	31	92
15. Leukaemia, aleukaemia .. ..	M	—	—	—	—	1	1	—	2	4
	F	—	—	—	—	1	—	1	1	3
16. Diabetes .. ..	M	—	—	—	—	—	1	—	6	7
	F	—	—	—	—	1	1	8	1	11
17. Vascular lesions of nervous system ..	M	—	—	—	—	—	15	36	83	134
	F	1	—	—	—	3	22	43	161	230
18. Coronary disease, angina .. ..	M	—	—	—	—	3	68	59	54	184
	F	—	—	—	—	—	14	31	69	114
19. Hypertension with heart disease ..	M	—	—	—	—	1	6	10	10	27
	F	—	—	—	—	—	3	4	16	23
20. Other heart disease .. ..	M	—	—	1	1	3	9	17	87	118
	F	—	—	—	—	3	8	25	116	152
21. Other circulatory disease .. ..	M	—	—	—	—	—	5	8	19	32
	F	—	—	—	—	1	1	11	36	49
22. Influenza .. ..	M	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	1	6	7
23. Pneumonia .. ..	M	—	—	1	—	—	3	5	15	24
	F	1	—	—	—	—	6	11	26	44
24. Bronchitis .. ..	M	2	—	—	—	1	9	21	22	55
	F	2	—	—	—	—	3	4	11	20
25. Other diseases of respiratory system ..	M	1	—	—	—	1	4	1	1	8
	F	—	—	—	—	—	2	—	2	4
26. Uleer of stomach and duodenum ..	M	—	—	—	—	1	6	6	7	20
	F	—	—	—	—	—	—	1	12	13
27. Gastritis, enteritis and diarrhoea ..	M	—	—	—	—	—	2	—	2	4
	F	—	—	—	—	1	1	4	2	8
28. Nephritis and nephrosis .. ..	M	—	—	1	—	—	1	1	2	5
	F	—	—	—	—	1	1	1	1	4
29. Hyperplasia of prostate .. ..	M	—	—	—	—	—	1	—	9	10
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	1	—	—	2
31. Congenital malformation .. ..	M	10	—	—	—	1	—	—	—	11
	F	4	1	—	—	1	—	—	—	6
32. Other defined and illdefined diseases ..	M	15	2	—	1	6	15	8	18	65
	F	16	1	1	1	7	16	16	45	103
33. Motor vehicle accidents .. ..	M	—	—	2	5	6	3	3	1	20
	F	—	—	—	—	—	—	3	1	4
34. All other accidents .. ..	M	—	1	4	2	5	2	4	5	23
	F	—	—	—	—	—	1	3	18	22
35. Suicide .. ..	M	—	—	—	—	5	4	1	—	10
	F	—	—	—	2	2	5	1	—	10
36. Homicide and operations of war ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
ALL CAUSES .. ..	M	28	3	11	9	44	227	261	398	981
	F	24	2	1	3	35	139	211	588	1003

